



THOMAS M. MENINO
Mayor

CITY OF BOSTON LAW DEPARTMENT

City Hall, Room 615
Boston, MA 02201

WILLIAM F. SINNOTT
Corporation Counsel

December 3, 2012

MuckRock News
DEPT MR 2159.
PO Box 55819
Boston, MA 02205-5819

Re: *Public Records Request Dated November 12, 2012 Concerning the Aerosmith Concert on November 4, 2012*

Dear Mr. McCarter:

This letter is in response to your November 12, 2012 Public Records request for "all documents related to the Aerosmith Concert on November 4 2012, including permits, communication with government officials, records of all costs incurred and a log of any requests for this information."

Enclosed you will find a copy of the documents that are responsive to your request. Please do not hesitate to contact me should you have any questions.

Sincerely,

Allyson Holmes
Paralegal, Government Services
617-635-4056

Enclosures

SPECIAL

LICENSE #: 11962

City of Boston

MAYOR'S OFFICE OF CONSUMER AFFAIRS AND LICENSING

ONE TIME ENTERTAINMENT LICENSE



DBA: Get Out The Vote

CAPACITY:

CORPNAME: Vinadloo Music, Inc.

ADDRESS: Comm. Ave from Harvard Ave to Allston St
Allston MA 02134

CEASE ENTERTAINMENT: 1:30 PM

MANAGER: Lynda Burton

TERMS & CONDITIONS

This license shall be subject to the rules and regulations of the Licensing Division and the special conditions listed herein. The violation of any rules, regulations and/or conditions shall subject the license to possible suspension, revocation, or further conditions:

Date

from

To

Monday, November 05, 2012

12:00 PM

1:30 PM

Entertainment: Concert.

Expected attendance: 20,000 people

Contact: Lynda Burton, Vinadloo Music, Inc., Tel 818.592.2000

2012

Thomas M. Menino, Mayor

Patricia A. Malone, Director

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE



CITY OF BOSTON

Mayor's Office of Consumer Affairs and Licensing

Boston City Hall, Room 817
Boston, MA 02201

THOMAS M. MENINO
Mayor

APPLICATION FOR A ONE-TIME ENTERTAINMENT LICENSE

PATRICIA A. MALONE
Director

I hereby request a license for entertainment to be maintained on the _____ floor of the premises known as Commonwealth Avenue ^{from} located at Harvard Ave to Allston St.

Said entertainment would take place during the following day(s) and time(s):

on Monday, November 5, 2012 from 10 AM Noon to 1:30 PM

on _____ from _____ to _____

on _____ from _____ to _____

List the type of entertainment or athletic event planned (i.e. band, DJ, hockey game). Fully describe and list the name of the entertainers: (you may attach programs, promo flyers, etc.).

Live Band

APPLICATION MUST HAVE SIGN-OFF BY DISTRICT POLICE STATION

APPROVAL RECOMMENDED: [Signature] Det. William Ridge

DENIAL RECOMMENDED: _____

IF DETAIL RECOMMENDED, HOW MANY? Per BFS BPD AREA D-14

COMMENTS: OP Plan

APPLICANT MUST PROVIDE A COPY OF AN UPDATED INSPECTION CERTIFICATE AND FIRE ASSEMBLY PERMIT FOR THE EVENT FACILITY. APPLICATIONS RECEIVED WITHOUT SUCH CERTIFICATES MAY NOT BE PROCESSED.

PLEASE PRINT THE FOLLOWING INFORMATION

RENTER: Vinadloo Music, Inc.

MGR. OF PREMISES: _____

TEL: (DAYTIME) 818-592-2000

TEL: (DAYTIME) _____

ADDRESS: 9021731 Ventura Blvd #300

ADDRESS: _____

Woodland Hills CA 91364

SIGNATURE [Signature]

SIGNATURE _____

DATE: _____

DATE: _____

PAYMENT MUST BE BY CERTIFIED CHECK OR MONEY ORDER ONLY
PAYABLE TO THE CITY OF BOSTON

1. ADMISSION POLICY

- a. Is an admission fee or ticket being collected? YES ☒ NO Amount charged _____
- b. How is this event being advertised or promoted? (radio stations, flyers, newspapers, etc.) Radio
- c. List expected attendance 20,000
- d. What age group do you expect to be attending? 6-90
- e. What is your admission policy for patrons under 21 years of age? All allowed entry
- f. Will you be serving alcohol? YES ☒ NO
- i. Will you be using the premises' liquor license? YES NO
- ii. Will you be applying for a special liquor license from the Boston Licensing Board? YES NO
- iii. Which will you be selling/serving (please circle) BEER & WINE FULL LIQUOR
- iv. What precautions will you take to make certain that minors are not served alcoholic beverages?

2. SECURITY PLAN

- a. Who will be in charge of security? Boston Police Department field Service in
- b. How many security personnel? Private event staff will assist
- c. How will they be identified? "Event Staff"
- d. What will their duties be? In charge of barricades and back stage locations
- e. Additional security measures? _____

3. FIRE / SAFETY

- a. Are you using pyrotechnics (smoke/fog machines, etc)? YES ☒ NO
Please describe and submit the Special Fire Permit needed to utilize these pyrotechnics: _____
- b. Are you bringing in draperies, decorations, etc? YES ☒ NO
If yes, please describe and submit special fire permit: _____



CITY OF BOSTON
PUBLIC EVENT APPLICATION

Art, Tourism & Special Events- Tel. (617) 635-3911
Fax (617) 635-4428
Consumer Affairs & Licensing- Tel. (617) 635-4165

1. Name of Event: GIST OUT THE VOTE
2. Date(s) MONDAY 5 NOV 2012 SETUP Time: from 6AM to _____
EVENT Time: from 11:50 to 1:45
Time: from _____ to _____
3. Location: ON COMMONWEALTH AVE FROM LUDLOW AVE TO DULIN ST
4. Description of Property: STREET ☒ Public ☐ Private (include copy of rental agreement)
5. Name of Organizer: VINDALOO MUSIC Contact Person: Ed Jacobs, agent
Address: 21731 VENTURA BLVD #300 Telephone: 617.799.6200
Telephone: Lynda Burton 818 592 2000 WOODLAND HILLS CA 91364
6. Number of attendees expected: 2000+
7. MA Tax Number: 012188647
8. Admission Fee/Donation: 0
9. It the event being advertised? No Where? _____
10. What are group is the event targeted to: 9-90
11. Have you notified neighborhood group or abutters? ☐ No ☒ Yes, who? _____
By what method were abutters notified? FLIERS

ACTIVITIES: (please check where applicable)

- A. Vending: ☐ Food ☐ Beverage ☐ Goods Total # of Vendors: _____
- B. Entertainment: ☒ Live Music ☐ DJ ☐ Radio/CD ☐ Performers ☐ Dancing
☒ Amplified Sound ☐ Stage
- C. Games/Rides ☐ Adult rides ☐ Kiddie rides ☐ Games ☐ Raffle
☐ Other _____ Total#: _____
Name of Carnival Operator: _____
Address: _____
Telephone: _____
- D. Security Personnel #: _____ How will they be identified: AS DIRECTED BOSTON PD
- E. Special effect: fireworks or other pyrotechnics ☐ Yes ☒ No
- F. Clean Up: Number of trash receptacles BOSTON PWD ☒ Street Sweeping ☐ Steam Cleaning
- Name of Cleaning Contractor: CITY OF BOSTON PWD (include copy of contract)
- G. Insurance required? ☐ Yes (include copy of insurance policy) ☐ No
- H. Portable toilets: #Regular: _____ # Handicapped Accessible: _____

D-1

**CITY OF BOSTON
PARKS AND RECREATION DEPARTMENT**

**APPLICATION FOR THE USE OF WAYS IN THE CITY OF BOSTON
FOR PLAYGROUND PURPOSES**

To THE COMMISSIONER OF PARKS AND RECREATION:

Date of Application..... November 2, 2012

It is hereby requested that the following street(s) be closed for the above mentioned purpose:

.....Brighton: Commonwealth Ave. from Allston St. to Kendrick St.

Hours street(s) are to be closed: November 5, 2012 from 5:00 AM to 5:00 PM - ~~5:00 PM~~

Conditions: Plaque Dedication

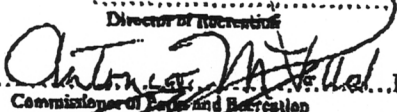
Requested by: Patte Papa


Organization: MOATSE

Address: Room 802 City Hall

Phone No. 617-828-2508

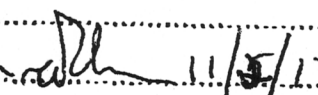
Respectfully submitted,

Approved:  Date: 11/2/12
Director of Recreation
Commissioner of Parks and Recreation

Approved:  Date: 11/2/12
Police Commissioner

Approved:  Date: 11-2-12
Traffic Commissioner

Comments

OK BTB  11/5/12

WHITE - APPLICANT'S COPY PINK - TRAFFIC DEPT. COPY GREEN - POLICE DEPT. COPY CANARY - PARKS AND RECREATION DEPT. COPY



Thomas M. Menino
Mayor

Boston Inspectional Services Department Building and Structures Division

1010 Massachusetts Avenue Boston, MA 02118 Telephone: (617) 635-5300

Gary P. Moccia
Inspector of Buildings

ELECTRICAL PERMIT

Nature of Electrical Work: None

Neighborhood: ALLSTON

Ward: 21

Issue Date: 11/02/2012

Location: 1325 Commonwealth AV

Permit No: **ETS195099**

Applicant: Jeff Antonellis/Capron Lighting and Sound
278 West Street
Needham, MA 02494
(781)444-8850

Utility Authorization Number:

Permit Fee: **\$35.00**

Purpose of Building:

<u>Existing Service:</u>	Amps:	0.00	Volts:	0.00	No. of Meters:	0.00	
<u>New Service:</u>	Amps:	0.00	Volts:	0.00	No. of Meters:	0.00	
Number of Feeders:	0	Ampacity:	0				
No. of Lighting Outlets:	0	No. of Hot Tubs:	0	No. of Ranges:	0	No. of Emergency Lighting Battery Units:	0
No. of Lighting Fixtures:	0	No. of Oil Burners:	0	No. of Disposals:	0	<u>FIRE ALARMS:</u>	
No. of Recessed Fixtures:	0	No. of Gas Burners:	0	No. of Dryers:	0	No. of Zones:	0
No. of Ceil.-Susp. Fans:	0	No. of Heat Pumps:	0	No. of Motors:	0	No. of Detection and Initiating Devices:	0
No. of Receptacle Outlets:	0	No. of Air Cond:	0	Total HP:	0	No. of Sounding Devices:	0
No. of Switch Outlets:	0	Space/Area Heating:	0	No. of Signs:	0	No. of Self Contained Detection/Sounding Devices:	0
No. of Dishwashers:	0	Heating Devices:	0	No. of Ballasts:	0	Connection:	None
No. of Hydro Massage Tubs:	0	No. of Water Heaters:	0	No. of Transformers:	0	Low Voltage Wiring:	0
<u>Swimming Pool:</u>	NONE			Total KWTONS:	0		

Security Systems:

Data Wiring:

Telecommunications Wiring:

No. of Devices or Equivalent:	0	No. of Devices or Equivalent:	0	No. of Devices or Equivalent:	0
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Contractor:

License Type:

License Number:

Description of work

JEFF ANTONELLIS
17A PARK PL
SOMERVILLE, MA 02143
(781)760-8187

ELEC-JOUR

000051372

Temporary generator and electrical distribution services
for a press event outside of 1325 Commonwealth Ave on
November 5th of 2012.

Date	Inspector	Insp Type	Date	Inspector	Insp Type



6P197466
Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue - 4th Floor
Boston, MA 02118
Tel: 617-343-3447 Fax: 617-343-2197

For BFD Internal Use Only:

Payment Received Date: _____

Payment Number: _____

Customer ID: _____

Permit Number: _____

APPLICATION FOR A GENERAL PERMIT

Completed Permit to be: _____ Mailed ~~Not Mailed~~ Picked up

STARTING DATE: November 5, 2012 ENDING DATE: November 5, 2012

CONTRACTOR'S NAME: Capron Lighting and Sound CO

CONTRACTOR'S ADDRESS: 278 West Street

Needham
City

MA
State

02494
Zip Code

PHONE: 781-444-8850

FAX: 781-444-1408

E-MAIL ADDRESS: jantonellis@capron.net

Permit to be exercised at the following location:

1325 Commonwealth Avenue
Number Street

Allston, MA
City

To Conduct the Following Temporary generator power for plaque
dedication ceremony and concert on November 5th.

And For the Keeping, Storage, Use or Manufacture of the Following Hazardous
Materials (4) 150kw generator each with 150 gallons of diesel
and (1) 30kw generator with 100 gallons of diesel.

After an approved inspection by a Boston Fire Department Inspector of the location herein named for the exercise of such permit and compliance with the Statutes of the Commonwealth, the Regulations of the board of Fire Prevention Regulations, the Ordinances of the City of Boston, and with the safeguards and other conditions prescribed by the Head of the Fire Department, a permit shall be granted.

Applicant's Name (Print) Jeff Antonellis Date 11/2/12

Applicant's Signature [Signature]

Applicant's Phone Number(s) 781-760-8187

***** PAYABLE AT TIME OF APPLICATION *****

Revised 8/09

Hermosa

Boston Transportation Department

One City Hall Square Room 721 Boston, MA 02201

Telephone: 617.635.4489, Fax: 617.635.4295

Traffic Receipt

Permit #: OCCU-197486

Work Type: Street Occupancy

Start Date: 11/05/2012

Applicant: INTERSTATE RENTAL SERVICE INC

Duration: 1

Location: 1117 - 1123 COMMONWEALTH AV
ALLSTON, 02215

Expiration Date: 11/05/2012

Location Comments:

for 160'

Description Of Work:

Stand Truck at Curb

Notes:

two trucks

All Work To Be Performed:

No Work To Be Performed:

Exceptions:

Exceptions:

Meter Information:

# Of Meters/Posts	Meter Numbers
No Meter Information.	

Sign Information:

Quantity	Code	Description
4	T23-P	Traffic Signs - Paper

Police Detail:

# Of Officers	Area	Police Phone #
No Police Detail Information.		

Police Comments:

No Police Comments.

Boston Transportation Department

One City Hall Square Room 721 Boston, MA 02201

Telephone: 617.635.4489, Fax: 617.635.4295

Traffic Receipt

Permit #: OCCU-197488

Work Type: Street Occupancy

Start Date: 11/05/2012

Applicant: INTERSTATE RENTAL SERVICE INC

Duration: 1

Location: 161 - BRIGHTON AV
ALLSTON, 02134

Expiration Date: 11/05/2012

Location Comments:

for 65'

Description Of Work:

Stand Truck at Curb

Notes:

All Work To Be Performed:

No Work To Be Performed:

Exceptions:

Exceptions:

Meter Information:

Of Meters/Posts

Meter Numbers

No Meter Information.

Sign Information:

Quantity

Code

Description

4

T23-P

Traffic Signs - Paper

Police Detail:

Of Officers

Area

Police Phone #

No Police Detail Information.

Police Comments:

No Police Comments.



CERTIFICATE OF LIABILITY INSURANCE

INTER-4

OP ID: AK

DATE (MM/DD/YYYY)

11/05/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Berry Insurance Agency
9 Main Street
Franklin, MA 02038
Daniel P. Sullivan

800-824-5201
508-520-6914

CONTACT NAME: Ann-Marie Kahanowitz

PHONE (A/C, No, Ext): 508-528-5200

FAX (A/C, No): 508-520-6914

E-MAIL ADDRESS: akahanowitz@berryinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : St Paul Fire & Marine Ins. Co.

INSURER B : The Travelers Insurance Co.

19038

INSURER C : Hanover Insurance Company

22292

INSURER D :

INSURER E :

INSURER F :

INSURED
Interstate Rental Service Inc.
Mr. Edward Jacobs
384 Amory St. PO Box 300729
Boston, MA 02130

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ZPP10S831891247	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA0C55676812GRP	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		ZUP11N6621A1247	07/01/12	07/01/13	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	XJUB3382T98112	07/01/12	07/01/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Excess Liability		UHN9526756	07/01/12	07/01/13	Limit 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Party Goods Rental/City of Boston that are required by written contract are named as additional insured/additional protected person or organization for general liability.
Re: 11/5/12 & 11/6/12

CERTIFICATE HOLDER

CITYOFB

City of Boston
1 City Hall Plaza Rm# 817
Boston, MA 02120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ann Marie Kahanowitz



CERTIFICATE OF LIABILITY INSURANCE

INTER-4 OP ID: AK

DATE (MM/DD/YYYY)

11/01/12

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800-824-5201
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CONTACT NAME: Ann-Marie Kahanowitz

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INSURER E:

INSURER F:

INSURED
Interstate Rental Service Inc.
Mr. Edward Jacobs
384 Amory St. PO Box 300729
Boston, MA 02130

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REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA0C55676812GRP	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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A	Equipment Floater		ZIM13S237181247	07/01/12	07/01/13	Limit 1,000,000 Ded. 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Party Goods Rental/Ref Dates: 11/04/12 & 11/05/12; Vindaloo Music, Inc. and City of Boston that are required by written contract are named as additional insured/additional protected person or organization for general liability.

CERTIFICATE HOLDER

VINDALO

Vindaloo Music, Inc.
c/o Boulevard Management
21731 Ventura Blvd. #300
Woodland Hills, CA 91364

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ann Marie Kahanowitz



CERTIFICATE OF LIABILITY INSURANCE

VINDA-1

OP ID: MS

DATE (MM/DD/YYYY)

11/01/12

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PRODUCER
Momentous Insurance Brokerage
5990 Sepulveda Blvd, Suite 550
Van Nuys, CA 91411
Susan Brien

818-933-2700

818-933-2701

CONTACT**NAME:****PHONE**

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL**ADDRESS:****INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A : Travelers Insurance Co.****INSURER B : Fireman's Fund Insurance Co.****INSURER C :****INSURER D :****INSURER E :****INSURER F :**

INSURED
Vindaloo Music, Inc.
c/o Boulevard Management
21731 Ventura Blvd. #300
Woodland Hills, CA 91364

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY	X		10P67773	05/24/12	05/24/13	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/>	PER EVENT						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 1,000,000*
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PRODUCTS - COMP/OP AGG						\$ 1,000,000	
								\$	
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
			<input type="checkbox"/>						\$
B	<input type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		SSE312939432	05/24/12	05/24/13	EACH OCCURRENCE	\$ 7,000,000
	<input checked="" type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 7,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/>	RETENTION \$ Nil						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER
		If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
REF DATES: 11/04/12 & 11/05/12; **INTERSTATE RENTAL SERVICE, INC., AND THE CITY OF BOSTON ARE LISTED AS ADDITIONAL INSURED.**

CERTIFICATE HOLDER**CANCELLATION**

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Interstate Rental Service, Inc
PO BOX 300729
Boston, MA 02130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mandisa Shabazz



Thomas M. Menino
Mayor

**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Ave - 4th Floor
Boston, MA 02118**

**General Permit
PERMIT**

Permit #: **GP197408**
Issued Date: **11/13/2012**
Start Date: **11/5/2012**
Expires: **11/5/2012**
Fee: **\$38.00**
District: **11**

CAPRON LIGHTING & SOUND CO INC
278 WEST STREET
NEEDHAM, MA 02494

Contact at Site: Jeff Antonellis

Phone: (781)444-8850

Cell:

Fax:

In accordance with the provisions of Chapter 28 of the Ordinances of 1979 known as the Boston Fire Prevention Code, MGL Ch148 and 527 CMR of the Board of Fire Prevention Regulations and amendments thereto, this permit is granted to be exercised at:

1325 COMMONWEALTH AV
ALLSTON, MA 02134

For the keeping, storage, use, sale or manufacturing of the following hazardous materials based on the information provided subject to compliance with the applicable provisions of said Code and with the safeguards and other conditions prescribed herein:

PERMIT FOR 4-150KW GENERATORS EACH WITH 150 GALLONS OF DIESEL FUEL AND 1-30KW GENERATOR WITH 100 GALLONS DIESEL FUEL FOR USE AT THE AEROSMITH CONCERT ON COMMONWEALTH AVENUE.

The person accepting this permit shall conform to the Statutes of the Commonwealth, Commonwealth of Massachusetts Fire Prevention Regulations, the Boston Fire Prevention Code, the Ordinances of the City of Boston and the conditions of this permit. This permit may be revoked at any time by the Head of the Fire Department, a violation of any of its conditions shall result in an immediate revocation of the permit. The person to whom this permit is issued shall indemnify and save harmless the City of Boston from any damage it may sustain, or be required to pay by reason of the exercise of this permit, or by reason of any act or neglect of himself/herself any of his/her employees or agents relating to the exercise of this permit or by reason of any violation of any condition of this permit.

Granted by: Steve E. Abrattia

Attest: Bart J. Shea

This is an original permit and MUST AT ALL TIMES BE KEPT POSTED ON THE PREMISES. A renewal certificate must be obtained upon expiration from the BOSTON FIRE DEPARTMENT.